

Date: _____

TREASURER-TAX COLLECTOR
437 Hall of Administration
500 W. Temple St., Los Angeles, CA 90012

COLLECTION REFERRAL/CREDIT MEMO

Bill to:
 Name: _____ Telephone # (____) _____
 (Parent if Patient Is a Minor)

Address: _____ City _____ State _____ Zip _____
 (Payor Address)

☐ Check here to indicate credit memo TTC account no. _____

Referral/credit memo number _____

Firm account to credit collections: _____

Charge Date	Description of Charge	Credit Memo Amt	Charge Amt

Department I.D. Number: _____ (Provider Number with Alpha Code)

Social Security Number: _____ (Payor)

Date of Birth: _____

Drivers License Number: _____

Documentation Attached: _____

Special Instructions: _____

I certify on my own personal knowledge that the above is a proper charge and that the items and the total amount thereof are correct.

Approved by: _____

Signature _____

Signature _____

Phone _____

Department _____

For TTC use only:

Statement Cycle: _____ Monthly Terms: _____

Account Type: _____ Effective Date: _____

Code: _____ Next Billing: _____

Charge I.D. _____ Due Date: _____